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PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER	37 CFR 1.136(a)	Docket Number (Option 013.0207.US.UTL	Docket Number (Optional) 013.0207.US.UTL			
FY 2005 (Fees pursuant to the Consolidated Appropriation		HECEIVE				
Application Number 10/626,984	Filed 07/25/2003	CENTRAL FAX CEN				
For System And Method For Performing E	fficient Document S	Scoring And Clusteri	ng SEP 1 8 2008			
Art Unit 2166	Examiner Harper	Examiner Harper, Leon Jonathan				
This is a request under the provisions of 37 CFR 1 application.	.136(a) to extend the p	eriod for filing a reply in	the above identified			
he requested extension and fee are as follows (c	heck time period desire Fee	ed and enter the appropriate Small Entity Fee	riate fee below);			
X One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$ <u>120.00</u>			
Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$			
Three months (37 CFR 1.17(a)(3))	\$ 1,020	\$ 510	\$			
Four months (37 CFR 1.17(a)(4))	\$ 1,590	\$ 795	\$			
Five months (37 CFR 1.17(a)(5))	\$ 2,160	\$ 1,080	\$			
Applicant claims small entity status. See 3	7 CFR 1.27.					
A check in the amount of the fee is enclosed						
X Payment by credit card. Form PTO-2038 is:	attached.		1			
The Director has already been authorized to	charge fees in this app	lication to a Deposit Ac	count.			
The Director is hereby authorized to charge	any fees which may be	required, or credit any o	overpayment,			
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WARNING: Information on this form may become Provide credit card information and authorization	ne public. Gredit card in on on PTO-2038.	iformation should not be	included on this form.			
am the applicant/inventor.			j			
assignee of record of the entire Statement under 37 CFR	e interest. See 37 CFR 3.73(b) is enclosed. (Fe	3.71. orm PTO/SB/96).				
X attorney or agent of record. Re	egistration Number <u>40</u>	297				
attorney or agent under 37 CFf Registration number if acting						
BAJA. Gx		Septemb	er 18. 2006			
V Signatuk₄j		Date				
Patrick J.S. Inouye Typed or printed name	(206) 381-3900 Telephone Number					
,, ,	the entire interest of the te	•				
OTE: Signatures of all the inventors or assignees of record of an one signature is required, see below,	me enure interest of their febr	esentative(s) are required. Sut 89/19/2006 MBINAS	P86.391. 2500.000			
X Total of forms are subm		A1 FC:1251	120.10			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTC/SB/17 (01-08) Approved for use through 07/31/2008, OMB 0851-0032

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FIRE CALCULATION (AMERICAN Experimental tentity status, See 37 CFR 1.27  And Link  Applicant Claims amail entity status, See 37 CFR 1.27  And Link  2166  Attember Docket No. 013.0327 US UTL  METHOD OF PAYMENT (check all that apply)  Check   Check and Moriey Onder   None   Other (please identify):  Deposit Account Deposit Account Number 503031  Deposit Account Name: Lev Offices of Patrick U.S. Incode.  For the above-Identified deposit account, the Director is hereby authorized for (check all that apply)  Check   Check and that apply   Deposit Account Number 503031  Deposit Account Name: Lev Offices of Patrick U.S. Incode.  For the above-Identified deposit account, the Director is hereby authorized for (check all that apply)  Check   Charge feet) indicated below    Charge feet) indicated below	Foor pursuant to	the Consolidated An	amoristicae Ar	-t 2005 (M P 4818)	Applicat	ion Numbar	10/626.984	RI	CEIVED
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Applicant Claims small entity status. See 37 CFR 1.27					First Nar	ned Inventor	Kenji Kawai	,	
TOTAL AMICUNT OF PAYMENT (5) \$20.00 ABorner Docket No. 013.0207.US.UTL  SMETHOD OF PAYMENT (check all that apply)  Check X Credit Card Moniey Order None Other (please identify):  Depost Account Name: Law Offices of Patrick J.S. Incuys.  For the above-identified appost excount Name: Director is hereby exhibited to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below. Indicated below, except for 8th filing fee  X Creat any over-payments or 8th feet may be come public. Gredit card information about the step of the feet of t	For FY 2006		Examine	r Name	Jonathan L. Harper SEP 1 8 200				
RIETHOD OF PAYNIENT (check all that apply)  Check \( \) Credit Card \( \) Moriey Order \( \) None \( \) Other (please identify):  Deposit Account Deposit Account Number \( \) 503031 \( \) Deposit Account Name: \( \) Law Offices of Patrick J.S. Inouye \( \) Por the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \( \) Charge feets) indicated below. \( \) Charge feets in its form may be source public. Credit card information and this form may be source public. Credit card information and this feet in this feet in may be source public. Credit card information and authorization on 17th 2008.  FEE CALCULATION (All this feets below are due upon filing or may be subject to a surchitarge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  Small Entity  Small Entity  Small Entity  Account Fees (S) Fee (S) Fe	Applicant Cla	aims small entity s	tatus. See 3	37 CFR 1.27	Art Unit		2166		
Check X Credit Card Morrey Order Nome Other (please identify):    Deposit Account Deposit Account Number 503031	TOTAL AMOUNT O	FPAYMENT	(\$) 520.0	0	Attorney	Docket No.	013.0207.US.L	ΠL	
Deposit Account Deposit Account Number   S03031   Deposit Account Name:   Law Offices of Patrick J.S.   Insure	METHOD OF PA	YMENT (check a	ll that apply)						}
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Charge any additional sec(s) or underpayments of fee(s)   X   Cracit any overpaymants under 37 GPR 1.16 and 1.17   WARRUNGS Information on this form may become specials. Circitil cord information abouted not this form. Provide credit card information can authorisation on PTO-300 mm may be compared to a sucretrarge.	For the above-identified deposit account, the Director is hereby suthorized to: (check all that apply)								
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Filing   FEES   SEARCH   FEES   SAMURATION   FEES   Search   FEES   Search   FEES   Search   FEES   Search   FEES   Search   Se			क्षड भ्रम्बर्ध	due upon filing or	may be su	bject to a sur	charge.)		
Small Entity   Fee (5)   Fee (6)	1. BASIC FILING								
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Multiple dependent claims  Total Claims  Extra Claims  S3 - 53 or HP = 0 x \$55.00 = \$0.00  Fee Paid (6)  HP = highest number of traise datase paid for, if greater than 20.  Inclap, Claims  Extra Claims  Fee (9)  Fee Paid (6)  To -5 or HP = 2 x \$200.00 = \$400.00  HP = highest number of brighendent datase paid for, if greater tran 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Iotal Sharks  Extra Claims  Fee (9)  Fee Paid (6)  Sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Iotal Sharks  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (8)  Fee Paid (6)  - 100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00  Fees Paid (5)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): Extension of Time (one-month) Filling Fee: \$120.00  SUBMITTED BY  Registration No. 40297  [Attomsy/Agent)  Telephone (206) 361-3900						•			· 11
Total Claims  S3 -53 or HP = 0 x \$50.00 = \$0.00  HP = highest number of total dalms paid for, if greater than 20.  The highest number of the paid for, if greater than 20.  HP = highest number of the paid for, if greater than 20.  HP = highest number of the paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Iotal Sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Iotal Sheets a Extra Sheets Number of each additional 50 or fraction thereof. Fee (\$) Fee Paid (\$)    -100 = 0			maing Reiss	sues)					(1
### Signature  #### Signature  ##### Signature  ##### Signature  ###### Signature  ###################################	, ,		13 17	es (\$)   Fee	Paid (S)	ı	Mulitata Oscanda		180
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7 -5 or HP = 2 x \$200.00 = \$400.00  HP = highest number of tridependent clearns paid for, if greater tren 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets		total daims paid for, if g	reater than 20.	<del></del>			\$360.0D		
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Signature Registration No. 40297 Telephone (206) 381-3900 (Attorney/Agent)	SURMITTED BY	20	<u></u>						
(Attomoy/Agent)		9/11/10	77.			297	Telephr	one (206) 3/	31-3900
	Name (Print/Type)	Patrick De Inc.	7	(Attorney/	Agent)		Date		

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September 18, 2008

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